INFORMATION FOR FOSTER PARENTS
PART B

Dear Foster Parent:

The attached forms and information are provided to you according to s. 895.485(4)(a), Wis. Stats., and ch. HFS 37, Adm. Code. We have tried to give you all of the information indicated on the forms, but we often do not have complete information at the time of placement.

Together we are partners in the provision of services for this child. Therefore, we must both try to gather and share information on this child. Add information to this form whenever you gather it; e.g., from the child or his / her family or from a physician. We shall also continue to provide you with information.

During our later visits, we will share with each other any new information that becomes available.

All of the information regarding this foster child provided to you on these forms and in any other manner, is done so with the expectation that you will maintain the information in confidence. State and federal statutes require that this information be kept confidential. If you have any questions regarding what information you may share with any party (e.g., health care providers, schools), please contact the child's social worker.

The CFS 872-A is a separate document that contains information that is critical for foster parents to know as soon as the child first enters placement. Some of that material is repeated elsewhere in this form.

Note: If the space provided on the form is not adequate, make a note that information is continued on the back or a separate sheet of paper. Clearly indicate which section or item number any supplemental information pertains to.

INFORMATION FOR FOSTER PARENTS
PART B

Use of form: The information contained in this form must be provided to the foster parent at the time of placement unless there is no way to gather the information prior to the child's placement. Information not provided at the time of placement must be provided within 48 hours. If additional space is needed when completing this form, attach separate sheet(s).

Name - Child (Full Legal)	Date Child Placed in Foster Care (mm/dd/yyyy)

I. PLACEMENT REASON(S)

☐ Yes	☐ No	Child abuse or neglect (CAN)	☐ Yes ☐ No	CHIPS, other than CAN?
☐ Yes	☐ No	Physical	Type of CHIPS	
☐ Yes	☐ No	Sexual abuse		
☐ Yes	☐ No	Emotional abuse		
☐ Yes	☐ No	Neglect		
☐ Yes	☐ No	Delinquent act(s)	Nature of Offense(s)	
☐ Yes	☐ No	Assaultive		
☐ Yes	☐ No	Non-assaultive		
☐ Yes	☐ No	Developmental disability		
☐ Yes	☐ No	Physical handicap		
☐ Yes	☐ No	AODA		
☐ Yes	☐ No	Emotional disturbance		
		(note related behaviors; e.g., fire starter)	Placement is:	
☐ Yes	☐ No	Behavioral issues	☐ Voluntary OR ☐ Court ordered	
		(e.g., fire setting, physical abuse perpetrator)	Medical Assistance Number	
☐ Yes	☐ No	Learning disability		

Other Placement Reasons - Specify.

II. SIGNIFICANT CONTACTS

A. Health Insurance Company

Name

Telephone Number	Insurance Policy Number	Insurance Policy Group Number

B. Physician

Name

Address (Street, City, State, Zip Code)	Telephone Number

C. Dentist

Name

Address (Street, City, State, Zip Code)	Telephone Number

D. Other Health Specialists / Therapists

Name	Specialty	Telephone Number
Name	Specialty	Telephone Number
Name	Specialty	Telephone Number
Name	Specialty	Telephone Number

☐ Yes ☐ No Is foster parent expected to participate in therapy with the child?

E. Preferred Hospital Note: Use of hospital may be dictated by insurance company / plan.

Name

F. Child's Siblings

1. Name | Birthdate (mm/dd/yyyy) | Telephone Number

Lives: ☐ At home ☐ Out of home
If "Out of home", check one of the following.
☐ With a relative ☐ Residential Care Center ☐ Foster home ☐ Group home
☐ Other - Specify.

2. Name | Birthdate (mm/dd/yyyy) | Telephone Number

Lives: ☐ At home ☐ Out of home
If "Out of home", check one of the following.
☐ With a relative ☐ Residential Care Center ☐ Foster home ☐ Group home
☐ Other - Specify.

3. Name | Birthdate (mm/dd/yyyy) | Telephone Number

Lives: ☐ At home ☐ Out of home
If "Out of home", check one of the following.
☐ With a relative ☐ Residential Care Center ☐ Foster home ☐ Group home
☐ Other - Specify.

4. Name | Birthdate (mm/dd/yyyy) | Telephone Number

Lives: ☐ At home ☐ Out of home
If "Out of home", check one of the following.
☐ With a relative ☐ Residential Care Center ☐ Foster home ☐ Group home
☐ Other - Specify.

5. Name | Birthdate (mm/dd/yyyy) | Telephone Number

Lives: ☐ At home ☐ Out of home
If "Out of home", check one of the following.
☐ With a relative ☐ Residential Care Center ☐ Foster home ☐ Group home
☐ Other - Specify.

6. Name | Birthdate (mm/dd/yyyy) | Telephone Number

Lives: ☐ At home ☐ Out of home
If "Out of home", check one of the following.
☐ With a relative ☐ Residential Care Center ☐ Foster home ☐ Group home
☐ Other - Specify.

7. Name | Birthdate (mm/dd/yyyy) | Telephone Number

Lives: ☐ At home ☐ Out of home
If "Out of home", check one of the following.
☐ With a relative ☐ Residential Care Center ☐ Foster home ☐ Group home
☐ Other - Specify.

G. Significant Extended Family Members

Name	Relationship	Telephone Number
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number

H. Legal Custodian

Name	Relationship
Address (Street, City, State, Zip Code)	Telephone Number

I. Guardian ad litem / Legal Counsel

Name	Relationship
Address (Street, City, State, Zip Code)	Telephone Number

J. Significant individuals who may be having contact with the child

Name	Relationship	Telephone Number
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number

K. Individuals whose contact with the child is forbidden or restricted; e.g., supervised visitation

Name	Relationship
Type of Restriction	Rationale (e.g., court order, parent's wishes)
Name	Relationship
Type of Restriction	Rationale (e.g., court order, parent's wishes)
Name	Relationship
Type of Restriction	Rationale (e.g., court order, parent's wishes)
Name	Relationship
Type of Restriction	Rationale (e.g., court order, parent's wishes)

Name	Relationship

Type of Restriction	Rationale (e.g., court order, parent's wishes)

Name	Relationship

Type of Restriction	Rationale (e.g., court order, parent's wishes)

L. Previous Placements (If no court order prohibiting release of name of previous foster home placement(s)).

Placement Type (FH, GH, RCC / CCI, hospital, etc.)	Name	Placement Dates From (mm/dd/yyyy)	Placement Dates To (mm/dd/yyyy)

M. Intended Permanency Plan

☐ Yes ☐ No Reunification with mother ☐ Yes ☐ No TPR / Adoption
☐ Yes ☐ No Reunification with father ☐ Yes ☐ No Long-term foster care
☐ Yes ☐ No Kinship placement ☐ Yes ☐ No Independent living

What is the anticipated amount of time until the permanence goal is achieved? _____

III. SCHOOL INFORMATION

Name - School Currently Attending

Current Grade	Program
	☐ Reg. ☐ ED ☐ LD ☐ CD ☐ Other - Specify. _____

Name - School Contact Person	Telephone Number - School Contact Person

A. Child currently has or previously had the following.

Y N U Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".

☐ ☐ ☐ **Poor grades**

☐ ☐ ☐ **Difficulty making friends**

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Suspensions / expulsions from school**
☐	☐	☐	**Foster parents need to spend extra time with study / school personnel**
☐	☐	☐	**Physical / verbal aggression towards school personnel**

B. Child's current or previous characteristics / behaviors.

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Physical / verbal aggression towards children**
☐	☐	☐	**Truancy**
☐	☐	☐	**Stealing at school**
☐	☐	☐	**Disruptions at school**
☐	☐	☐	**Clings excessively to parent, teacher or other**

IV. EMOTIONAL / BEHAVIORAL INFORMATION

Child's current or previous characteristics / behaviors.

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Difficulty establishing attachment to caregiver**
☐	☐	☐	**Difficult to soothe**
☐	☐	☐	**Over or underreacts to separation from parents**
☐	☐	☐	**Has difficulty focusing or sustaining attention**
☐	☐	☐	**Accident-prone**
☐	☐	☐	**Sexual behavior is harmful / disruptive**
☐	☐	☐	**Eating disturbance**
☐	☐	☐	**Lies habitually**

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Relationship difficulties; e.g., peers, authority figures, siblings.**
☐	☐	☐	**Gorges / hoards food**
☐	☐	☐	**Uses caffeine / how much?**
☐	☐	☐	**Refuses to follow instructions / rules**
☐	☐	☐	**Displays social / cultural conflicts**
☐	☐	☐	**Suicidal threats or gestures**
☐	☐	☐	**Hyperactive / needs close or constant supervision**
☐	☐	☐	**Unexplained crying spells, emotions inappropriate to situation**

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Child has fears / phobias. Check and explain.** ☐ Darkness ☐ Water ☐ Animals ☐ Cars ☐ Heights ☐ Others
☐	☐	☐	**Psychiatric diagnosis**
☐	☐	☐	**Auditory hallucinations**
☐	☐	☐	**Diagnosed with depression**
☐	☐	☐	**Diagnosed eating disorder - Specify.**
☐	☐	☐	**Eats non-food items**
☐	☐	☐	**Diagnosed chemically dependent**
☐	☐	☐	**Shows bizarre / severely disturbed behavior / thoughts - Specify.**

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Any involvement of the child as victim or perpetrator in sexual intercourse, sexual contact, prostitution (s. 944.30), sexual exploitation of a child, causing a child to view or listen to sexual activity (948.055) if the information is necessary for the care of the child or for the protection of any person living in the home.**
☐	☐	☐	**Needs structured behavior management**
☐	☐	☐	**Assaulted or abused animals**
☐	☐	☐	**Fire setting - Provide details.**
☐	☐	☐	**Excessively / inappropriately seeks attention**
☐	☐	☐	**Temper tantrums**
☐	☐	☐	**Lethargic, apathetic, withdrawn, unresponsive**
☐	☐	☐	**Takes unusual risks with personal safety**

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Self-injurious**
☐	☐	☐	**Verbally aggressive**
☐	☐	☐	**Assaulted anyone physically? Who and severity - Specify.**
☐	☐	☐	**Destructive to property**
☐	☐	☐	**Steals**
☐	☐	☐	**Alcohol / drug use - Specify.**
☐	☐	☐	**History of abusing or not taking prescribed medications**
☐	☐	☐	**Runs away - frequency, where, and with whom - Specify.**

V. HEALTH AND DEVELOPMENTAL INFORMATION

Child's current or previous characteristics / behaviors.

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Trauma as the result of association with a gang or any other group**
☐	☐	☐	**Any involvement of the child in activities that are harmful to the child's physical, mental or moral well-being**
☐	☐	☐	**Down's syndrome, autism, mental retardation**
☐	☐	☐	**Cerebral Palsy, Muscular Dystrophy**
☐	☐	☐	**Positive for cocaine / alcohol at birth**
☐	☐	☐	**Fetal alcohol effect syndrome**
☐	☐	☐	**Reflux / choking problems / heartburn / ulcer**
☐	☐	☐	**Colic**

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Chronic diaper rash, impetigo**
☐	☐	☐	**Special diet; e.g., special formula, severe food allergies, tube feeding**
☐	☐	☐	**Chronic ear infections**
☐	☐	☐	**Asthma - Describe severity.**
☐	☐	☐	**Seizure disorder / Epilepsy - Describe.**
☐	☐	☐	**Smokes cigarettes**
☐	☐	☐	**Pregnant**
☐	☐	☐	**Had an abortion**
☐	☐	☐	**AIDS / HIV** Date of test: _____ (mm/dd/yyyy)

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Sexually transmitted disease**
☐	☐	☐	**Hepatitis B** Date of test: _____ (mm/dd/yyyy)
☐	☐	☐	**Frequent doctor visits / hospitalizations**
☐	☐	☐	**Other medical condition(s) - Specify.**
☐	☐	☐	**Medication, including birth control - Name and dosage of the medication, reason prescribed and prescriber - Specify.**
☐	☐	☐	**Has lice, scabies, worms**
☐	☐	☐	**Incontinent / Encopretic**

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".

☐ ☐ ☐ **Sleep disturbance / sleeping pills / general sleeping pattern**
Check appropriate descriptions / explain.

- ☐ Sleeps alone
- ☐ Naps
- ☐ Cold room
- ☐ Warm room
- ☐ Lights on
- ☐ Lights off
- ☐ Door open
- ☐ Door shut
- ☐ Sleepwalks
- ☐ Sleeps with toy
- ☐ Sleeps in pajamas
- ☐ Wakes during night
- ☐ Usual hours of sleep
- ☐ Sleeps with number of pillows
- ☐ Other

☐ ☐ ☐ **Limitations in verbal skills, non-verbal**

☐ ☐ ☐ **History of drug dependency / AODA issues in family**

☐ ☐ ☐ **History of mental / physical health problems in family; e.g., anxiety, mood swings, suicide attempts, etc.**

☐ ☐ ☐ **Frequent therapeutic exercises done by child with foster parent's help**

☐ ☐ ☐ **Considering the age of the child, his / her abilities are NOT age-appropriate for:**
Check appropriate descriptions / explain.

- ☐ Bathing
- ☐ Dressing
- ☐ Feeding
- ☐ Learning
- ☐ Toileting
- ☐ Mobility
- ☐ Receptive language
- ☐ Danger awareness
- ☐ Social / emotional functioning
- ☐ Capacity for independent living
- ☐ Other

VI. MEDICAL HISTORY

Child's current or previous characteristics / behaviors.

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Hospitalizations, serious illness or injuries; anesthesia**
☐	☐	☐	**Medical tests; e.g., CAT scan, EEG, EKG, MRI, chest x-ray, Pap test, TB skin test**
☐	☐	☐	**Immunizations: DPT (Diptheria, Pertussis, Tetanus)**
☐	☐	☐	**Polio Immunization** ☐ TOPV-oral OR ☐ IPV-injectable
☐	☐	☐	**MMR (Measles, Mumps, Rubella)**
☐	☐	☐	**Flu, Pneumonia**
☐	☐	☐	**Hepatitis B**
☐	☐	☐	**Check appropriate illness - Explain.** ☐ 7-day measles ☐ Mumps ☐ German measles ☐ Strep throat ☐ Chicken Pox ☐ Scarlet fever ☐ Rubella ☐ Whooping cough

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Nausea / vomiting, jaundice, liver disease, abdominal pain, uses antacids**
☐	☐	☐	**Constipation, diarrhea, blood in stool, uses laxatives**
☐	☐	☐	**Headaches, migraines, dizziness / coordination / balance problems**
☐	☐	☐	**Serious head injury or loss of consciousness**
☐	☐	☐	**Numbness / loss of strength in hand, arm, or leg**
☐	☐	☐	**Trouble swallowing, speaking / persistent hoarseness**
☐	☐	☐	**Hearing problems, ringing ears, discharge / infection, tubes**
☐	☐	☐	**Blocking of nose, discharge, post-nasal drip, nosebleeds**

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Treatment for skin trouble, rashes, hives, acne, breaking out**
☐	☐	☐	**Bursitis, sprain, or dislocation of bone or joint**
☐	☐	☐	**Arthritis, backaches, cramps or pain in legs, polio**
☐	☐	☐	**Thyroid problems / high or low blood pressure**
☐	☐	☐	**Wheezing, bronchitis, cough / phlegm or blood, pneumonia**
☐	☐	☐	**Heart trouble, heart murmur, rheumatic fever, chest pain**
☐	☐	☐	**Irregular heartbeat, short of breath, swollen ankles**
☐	☐	☐	**Urinary, prostate, gall bladder, kidney problems**

Y	N	U	Check Yes (Y), No (N) or Unknown (U) for each category listed below. Explain all items checked "Yes".
☐	☐	☐	**Anemia, blood problems, mononucleosis**
☐	☐	☐	**Cancer, leukemia, or other malignancy**
☐	☐	☐	**Is child menstruating / PMS / excessive cramping / yeast infection**
☐	☐	☐	**Dental problems: braces, retainers, bridges, dentures**
☐	☐	☐	**Glasses / contact lenses: blindness, blurred or double vision** Date of last exam: _____ (mm/dd/yyyy)
☐	☐	☐	**Special diet needs (e.g., religious, medical, etc.)**

VII. OTHER NECESSARY INFORMATION

A. Describe child's hobbies, special interests, favorite foods, clothing, toys, talents, etc.

B. Describe any restriction of child's activities.

C. Comment on any other information necessary for the care of the child.

D. Placing agency has given the foster parent(s): Check all that apply.

- ☐ Birth certificate (copy)
- ☐ Court order*
- ☐ Court report / summary*
- ☐ Dental record / summary*
- ☐ Medical records / summary*
- ☐ Signed medical release for emergency health care
- ☐ Permission to use firearms and / or other dangerous weapons
- ☐ Permission to operate hazardous machines
- ☐ Social Security card
- ☐ Placement agreement
- ☐ School academic records*
- ☐ Information on diagnosis
- ☐ Social history / summary*
- ☐ MA card
- ☐ Summary of social / psychiatric evaluations*
- ☐ Summary of mental health treatment*
- ☐ School / community activity permissions

*Summary is requested to ensure that materials can be interpreted by foster parents. Primary source documents can be provided if useful for clarification. This form and the information included herein have been shared with the foster parent(s).